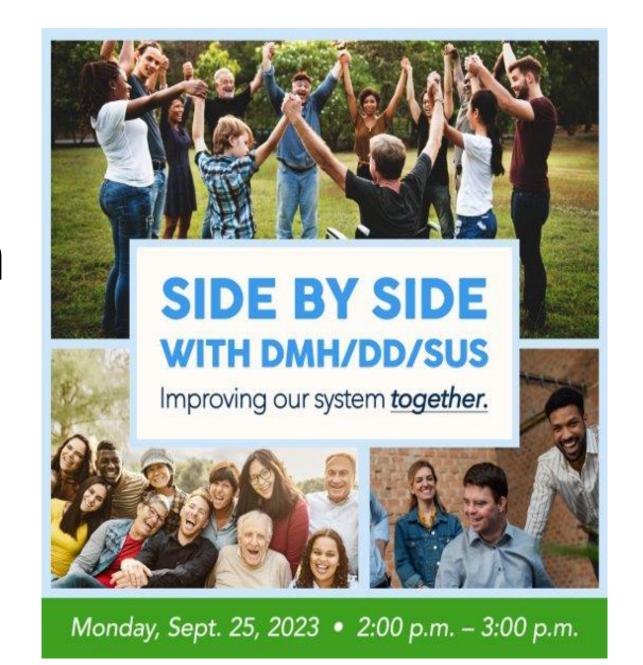NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Mental Health,
Developmental Disabilities and
Substance Use Services

Side by Side with DMHDDSUS

Improving our system together.

Kelly Crosbie
Director
NC DHHS Division of Mental Health,
Developmental Disabilities, and Substance Use Services

September 25, 2023

SIDE BY SIDE
WITH DMH/DD/SUS
Improving our system *together.*

Monday, Sept. 25, 2023 • 2:00 p.m. – 3:00 p.m.

Housekeeping

- Reminders about the webinar technology:

  o Please make sure you are using a computer or smart phone connected to the internet, and the audio function is on, and the volume is turned up.

  o Please make sure your microphones are muted for the duration of the call unless you are speaking or asking questions.

  o Questions can be submitted any time during the presentation using the "Q&A" box located on your control panel, and we will answer as many questions as time allows towards the end of the presentation.

Housekeeping

- American Sign Language (ASL) Interpreters and Closed-Captioning

  o ASL Interpreters and Closed-Captioning options will be available for today's event.

  o For closed-captioning options select the "Closed Caption" feature located on your control panel.

  > Intérpretes y subtítulos en lengua de signos americana (ASL). Habrá intérpretes de ASL y opciones de subtítulos disponibles para el evento de hoy. Para opciones de subtítulos, seleccione la función "Subtítulos" ubicada en su panel de control.

- Adjusting Video Layout and Screen View

  o Select the "View" feature located in the top-right hand corner of your screen

Agenda

1. Introduction
2. Departmental Priorities
3. Introduction to DMHDDSUS Executive Leadership Team (ELT)
4. State MH/SU/IDD/TBI Plan
5. Budget Updates
6. LME/MCO Dashboard
7. Resources
8. Q&A

Introduction

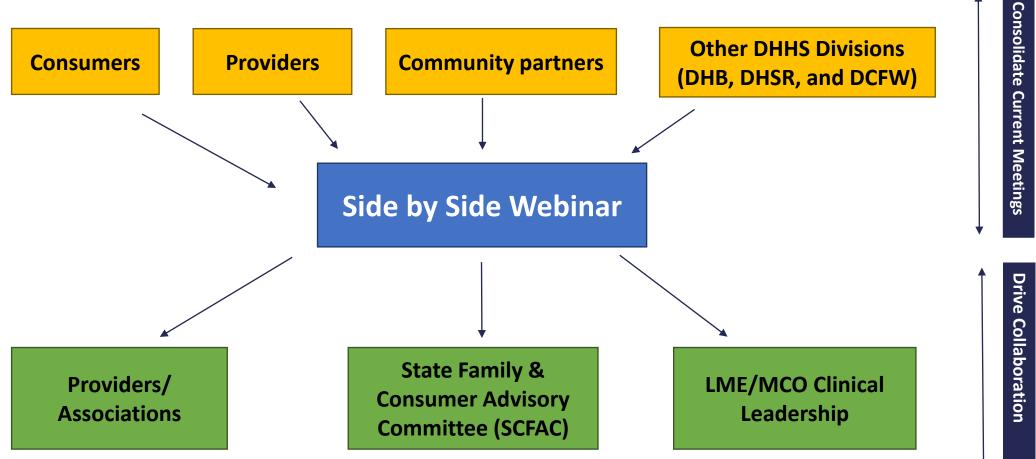# Kelly Crosbie, MSW, LCSW, Director

- 27 years in MH/SU/IDD Field
- 12 years in DHHS
- DMHDDSUS since Dec 2022
- Licensed Clinical Social Worker (LCSW)
- Person with lived experience

What mental health needs is more sunlight, more candor, and more unashamed conversation. – Glenn Close

I am different, not less. – Dr. Temple Grandin

Departmental Priorities

NC DHHS Priorities

*These priorities and our work across the department are grounded in **whole-person health**, driven by **equity**, and responsive to the lessons learned responding to the greatest health crisis in more than a generation.*

Behavioral Health & Resilience

We need to offer services further upstream to build resiliency, invest in coordinated systems of care that **make mental health services easy to access** when and where they are needed and to **reduce the stigma** around accessing these services.

Child & Family Well-Being

We will work to ensure that North Carolina's children grow up safe, healthy and thriving in nurturing and resilient families and communities**. Investing in families and children's healthy development builds more resilient families, better educational outcomes and, in the long term, a stronger society**.

Strong & Inclusive Workforce

We will work to strengthen the **workforce that supports early learning, health and wellness by delivering services to** North Carolina. And we will take action to be an equitable workplace that lives its values and ensure that all people have the opportunity to be fully included members of their communities.

Introduction to DMHDDSUS' Executive Leadership Team (ELT)

Renee Rader, MA, Deputy Director & Chief Operating Officer

- Support Director Crosbie with day-to-day operations and long-term projects
- Lead executive leadership team to execute DMHDDSUS mission and vision
- Oversee business strategy and operations
- Develop and manage processes, internal policies, and procedures

Saarah Waleed, MS, NCC, LCMHC, Assistant Director-Policy & Programs

- **Clinical Policy and Programs**
  - Mental Health
  - Crisis (988)
  - Intellectual & Developmental Disabilities
  - Traumatic Brain Injury
  - Substance Use Disorders
  - Gambling
  - Justice
  - Primary Prevention

- **To reach the Suicide & Crisis Lifeline, call or send a text/chat to 988. Haga clic aquí para acceder al chat en español.**

- **Visit findtreatment.gov to find treatment in your area**
- **Submit Behavioral Health and Intellectual and Developmental Disabilities questions to DMHDDSUS**

Charles Rousseau, MA, Acting Director of Strategy & Planning

- **Strategic planning:**
  - Coordinate division's strategic planning efforts
- **Communication:**
  - Oversee Accessible Communications and Anti-Stigma campaigns
  - Manage official internal and external communications, such as press and news releases
- **Planning & Design to Enhance Key Initiatives:**
  - Peer support services
  - Services for justice-involved adults
  - Crisis system

Jennifer Meade, MPA, Assistant Director – Advocacy and Empowerment

- **Customer Service & Consumer Rights Team**
  - Customer Service Call Center
  - Critical Incident Reporting
  - Complaints/Appeals

- **Community Engagement & Empowerment Team**
  - State Consumer and Family Advisory Committee
  - Veterans Support
  - Peer Support Program
  - Outreach and Education

Contact Customer Service

1-855-262-1946

dmh.advocacy@dhhs.nc.gov

Contact Community Engagement & Empowerment

ceande.staff@dhhs.nc.gov

Matt Herr JD, Assistant Director – System Performance

- **LME-MCOs/Tailored Plans**
  - Contract oversight
  - Tailored Plans readiness/launch

- **Quality Management**
  - Data analysis, reports, dashboards, quality improvement

- **Information Systems**
  - Database management

- **Compliance**
  - Fraud, waste, abuse: dmhmonitoring@dhhs.nc.gov

- **DWI Services**
  - Credential DWI Services providers

Medical Leadership

Carrie Brown, MD

- Chief Psychiatrist for DHHS
- Deputy Chief Medical Officer for DHHS
- Chief Medical Officer for State Operated Facilities

Keith McCoy, MD

- Deputy Chief Psychiatrist for DHHS
- Associate Medical Director for Behavioral Health at NC Medicaid

Dr. Brown and Dr. McCoy provide medical leadership and consultation for DMHDDSUS and across DHHS on relevant MH/SUD/IDD/TBI initiatives and programs

State MH/SU/IDD/TBI Plan
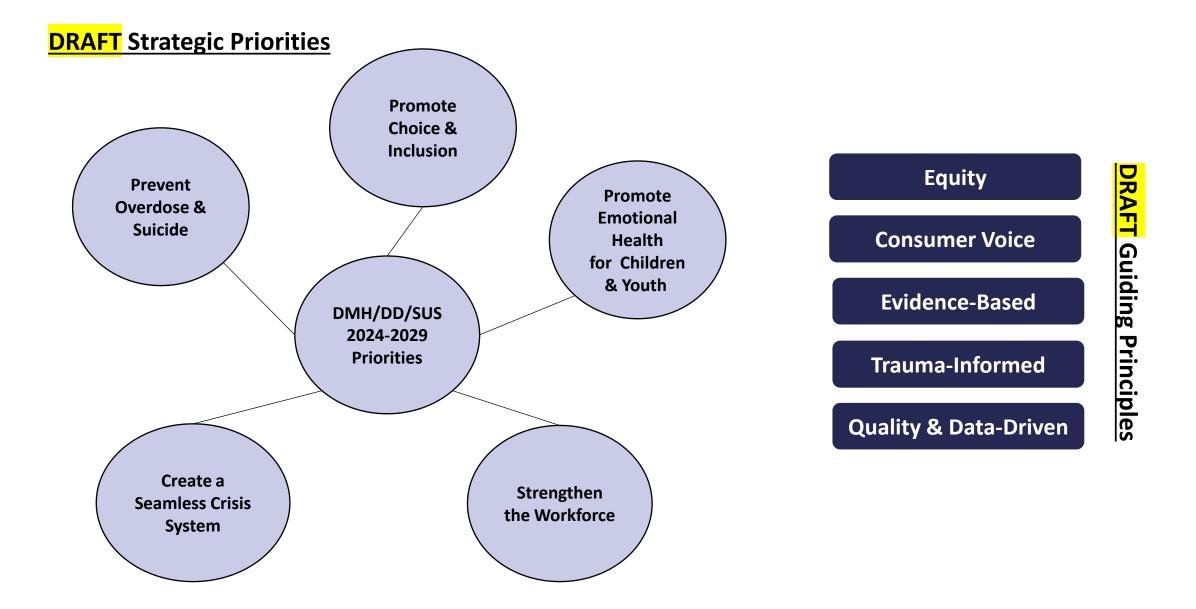
State MH/SU/IDD/TBI Plan: What Do We Hope to Accomplish?
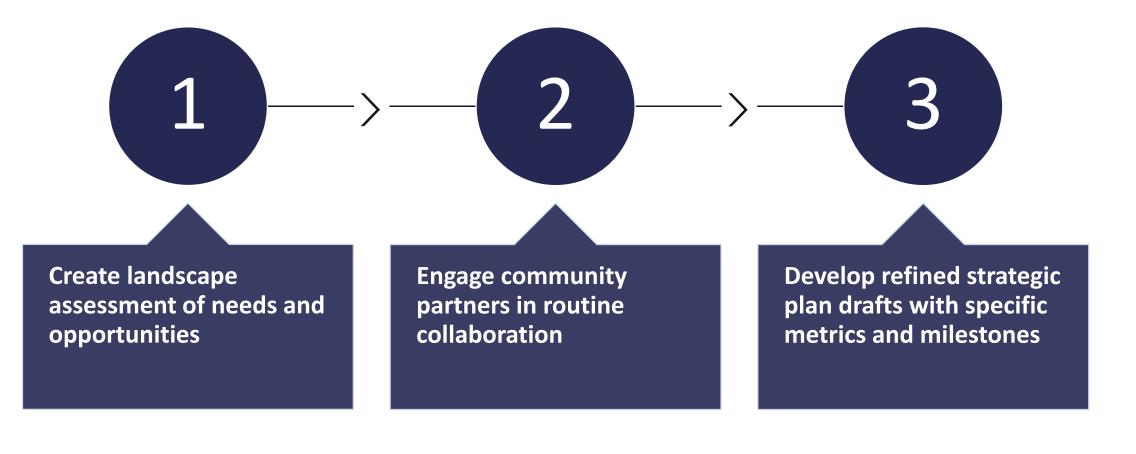
Envision *Outcomes*

Promote Collaboration

Inspire *Change*

Goal: Everyone contributes. Everyone engages.

Brainstorm: Priorities and Guiding Principles for DMHDDSUS

DRAFT Strategic Priorities

Promote Choice & Inclusion

Prevent Overdose & Suicide

Promote Emotional Health for Children & Youth

DMH/DD/SUS 2024-2029 Priorities

Create a Seamless Crisis System

Strengthen the Workforce

DRAFT Guiding Principles

Equity

Consumer Voice

Evidence-Based

Trauma-Informed

Quality & Data-Driven

State MH/SU/IDD/TBI Process Overview

1

Create landscape assessment of needs and opportunities

2

Engage community partners in routine collaboration

3

Develop refined strategic plan drafts with specific metrics and milestones

Budget Updates

Budget Update: **Medicaid Expansion!**

- Last week, the General Assembly released and voted to approve the state budget

- Medicaid Expansion is a once-in-a-generation opportunity to support working families and improve the health and wellbeing of our communities

- When Medicaid Expansion launches, it will
  - provide 600,000 North Carolinians with access to the care they need to live better, healthier lives (including MH & SUD services and I/DD & TBI supports)
  - Free up state dollars for other MH & SUD services and I/DD & TBI supports

Budget Updates: What did we get?

Behavioral Health Rates

Integrated Care (Collaborative Care, NCPAL)

Workforce Investments (DSP wages, Center of Excellence, DSOHF, loan forgiveness)

Justice (diversion, re-entry, capacity restoration)

Crisis system (mobile, FBC, BHUC, respite, NCSTART, BH SCAN, non-law enforcement transportation)

Child Well-Being (family peers, specialized PRTF, crisis stabilization beds)

I/DD & TBI Supports (Innovations slots, statewide TBI waiver, CIE)

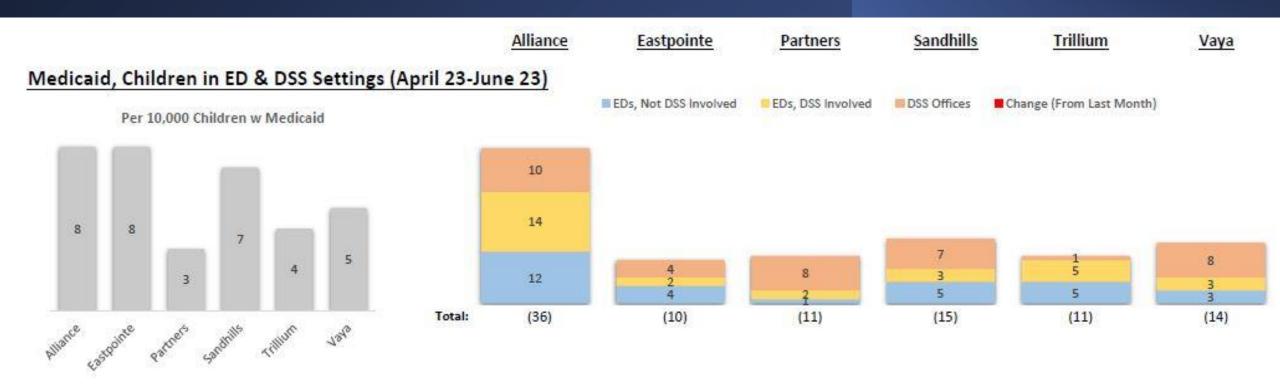Approximately **three-quarters** of the Governor's **$1B Behavioral Health Roadmap** were funded

LME/MCO Dashboard

- Department-wide monthly dashboard of key outcomes for the Behavioral Health System. Contributors include:
  - Division of Child & Family Wellbeing
  - Division of Social Services
  - Division of State Operated Health Facilities
  - Division of Health Benefits
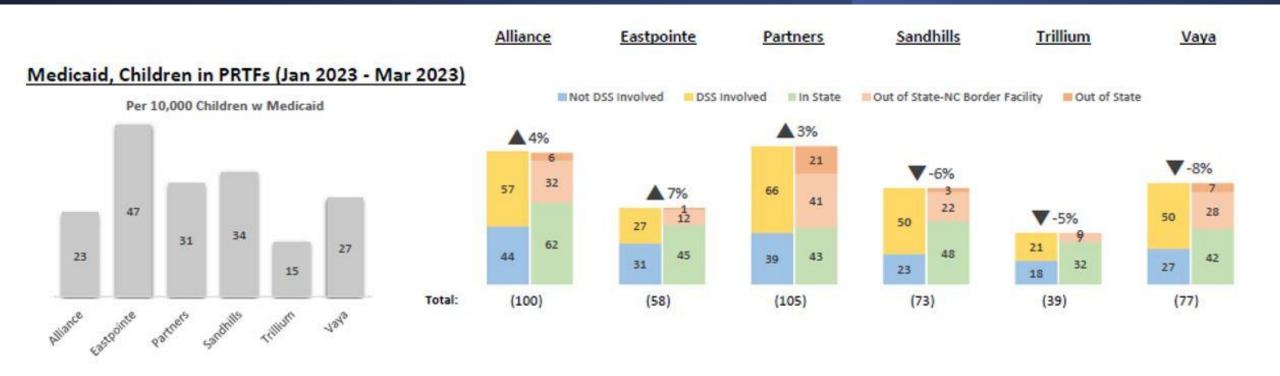 - Division of Mental Health, Developmental Disabilities & Substance Use Services

- Our goal is a tool that highlights our shared priorities and opportunities for improvement.

- If we can better define the problem, we can better work together to solve it.

- Located on DMH/DD/SUS website at: Reports | NCDHHS

Medicaid Children in ED & DSS Settings

Medicaid, Children in ED & DSS Settings (April 23-June 23)

Per 10,000 Children w Medicaid

Legend: ■ EDs, Not DSS Involved ■ EDs, DSS Involved ■ DSS Offices ■ Change (From Last Month)

	Alliance	Eastpointe	Partners	Sandhills	Trillium	Vaya
DSS Offices	10	4	8	7	1	8
EDs, DSS Involved	14	2	2	3	5	3
EDs, Not DSS Involved	12	4	2	5	5	3
Total:	(36)	(10)	(11)	(15)	(11)	(14)

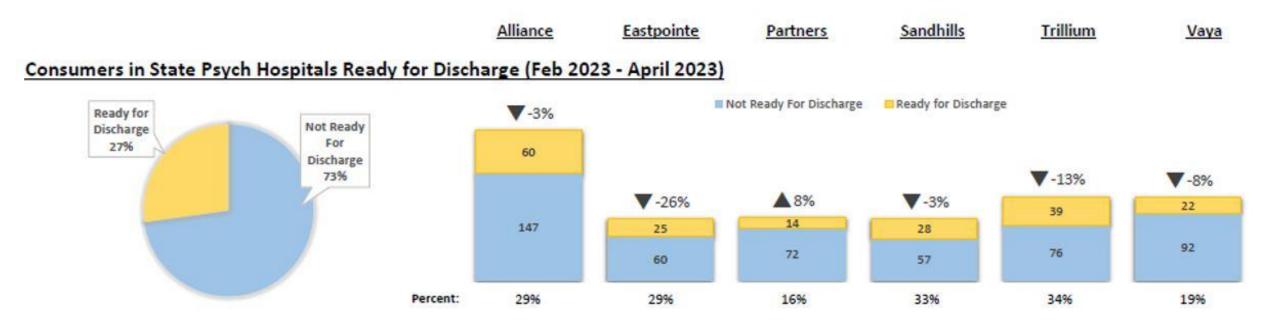Gray bars: Alliance 8, Eastpointe 8, Partners 3, Sandhills 7, Trillium 4, Vaya 5

Medicaid Children in Emergency Department & DSS Settings: Children should receive timely treatment in an appropriate clinical setting. This measure is the average number of children boarded in emergency departments or county Department of Social Services offices/hotels who need treatment placement.
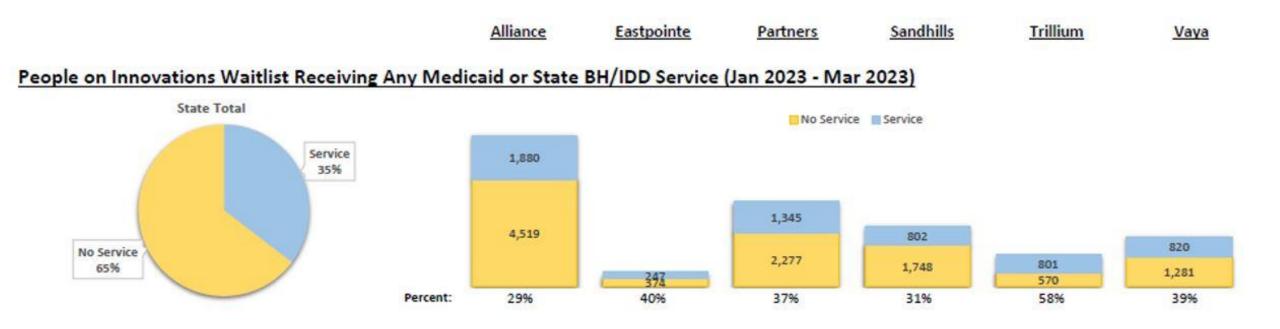
Medicaid Children in PRTFs

Medicaid Children in PRTFs: Receiving services close to home is important for family connections and transition once a child no longer requires PRTF level of care. This measure is the number of children in PRTFs, stratified by in-state, out-of-state within 40 miles of the NC border, or out of state, and by DSS involved/ Not DSS involved.

In State Psychiatric Hospital Ready for Discharge

Consumers in State Psych Hospitals Ready for Discharge (Feb 2023 - April 2023)

Alliance | Eastpointe | Partners | Sandhills | Trillium | Vaya

Ready for Discharge: Patients who no longer need state psychiatric hospital level of care should be transitioned to the community with appropriate supports. This measure includes the number of patients waiting to be discharged and those who are not yet ready for discharge for each LME/MCO.
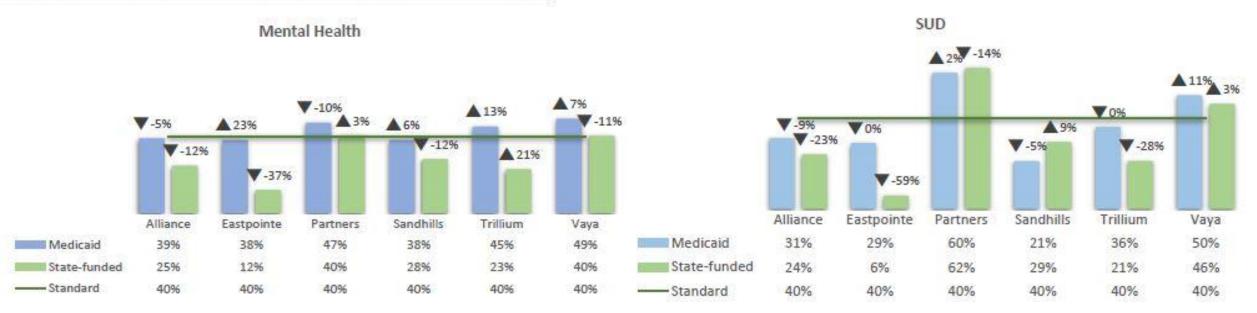
On Innovations Waitlist & Receiving a Service

People on Innovations Waitlist Receiving Any Medicaid or State BH/IDD Service (Jan 2023 - Mar 2023)

	Alliance	Eastpointe	Partners	Sandhills	Trillium	Vaya
Service	1,880	247	1,345	802	801	820
No Service	4,519	374	2,277	1,748	570	1,281
Percent:	29%	40%	37%	31%	58%	39%

State Total: Service 35%, No Service 65%

People of the Innovations Waiver Receiving Any Medicaid or State BH/IDD Service: People waiting for an Innovations Waiver slot should receive available services and supports help them thrive in their communities. This measure shows people who are waiting to receive an Innovations Waiver slot that are currently receiving any Medicaid or State-funded BH/IDD service.

Follow-up Within 7 Days After Discharge

Follow-up Within 7 Days After Inpatient Discharge (SFY23 Q2)

Follow-Up Within 7 Days After Inpatient Discharge: After someone is discharged from a hospital, ADATC, detox or facility-based crisis program, they need to receive community services quickly. This measure includes the percent of people who were seen by a community provider within seven days of discharge.

Resources

Resources

- To reach the Suicide & Crisis Lifeline, call or send a text/chat to 988. Haga clic aquí para acceder al chat en español.

- Visit findtreatment.gov to find treatment in your area

- Submit Behavioral Health and Intellectual and Developmental Disabilities questions to DMHDDSUS

- Visit nccare360.org to find and connect with local health and community services and resources

- For resources on evidence-based practices, visit SAMHSA's resource center

Q&A

Questions and feedback are welcome at
BHIDD.HelpCenter@dhhs.nc.gov.

The recording and presentation slides for this
webinar will be posted to the Community
Engagement & Training webpage.

Thank you!